

Non-Participating Manufacturer's Sales Information

Manufacturer Identification

Company Name			Date
Mailing Address			
City	State	Zip Code	Country
Phone		Fax	
Name and title of person completing this form			

Mail-to Address (if different from above)

Name			
Mailing Address			
City	State	Zip Code	Country
Phone	Fax	E-Mail	

Liability Year☐**2004**☐

Other:

Manufacturer's Records (Attach Addendum pages as necessary)

Instructions for the Manufacturer: List each distributor which sells your product(s) in the State of Illinois. For each distributor, provide the sales volume according to your records for each brand family for the liability year and provide copies of invoices or other documents that support the sales volume listed. In addition, provide the name, address and contact person for all distributors to whom you sold product for the liability year.

By completion of this form, the Manufacturer identified above requests that the Attorney General:

- identify distributors, in addition to those the manufacturer has listed below, which have reported the sale of manufacturer's brands in Illinois during the liability year
- compare the brand sales volume below to that which distributors have reported to the Attorney General
- determine whether an escrow payment based on the manufacturer's reported sales volume represents adequate funding for the liability year

Distributor	Brand Family	Check One	Sales Volume	
			Manufacturer's Records	Distributors Reported as of: _____ (AG Use Only)
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		
Total of RYO Ounces				
Total of Cigarette Sticks				

NPM-S

[illegible]